



## PART B - FEE(S) TRANSMITTAL

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35273 7590 11/30/2004  
**BEVER, HOFFMAN & HARMS, LLP**  
1432 CONCANNON BLVD  
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LIVERMORE, CA 94550-6006

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**Patricia F. Tate**

(Depositor's name)

(Signature)

**January 6, 2005**

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/774,989	01/30/2001	John Xiaoxiong Zhong	--004163-P004--	4365

TITLE OF INVENTION: CIRCUIT SIMULATION USING ENCODING OF REPETITIVE SUBCIRCUITS

**SYN-0552**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370-- <b>\$ 1,400</b>	-\$0-- <b>\$300</b>	-\$1370-- <b>\$1700</b>	02/28/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
THANGAVELU, KANDASAMY		2123	703-014000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Bever, Hoffman & Harms LLP  
2. Harms LLP  
3. Jeanette S. Harms

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Synopsys, Inc.**

**Mountain View, CA**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 2

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A check in the amount of the fee(s) is enclosed.  
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0574 (enclose an extra copy of this form). **any discrepancies**

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date January 6, 2005

Typed or printed name Jeanette S. Harms

Registration No. 35,537

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